Can We Really Get our Patients to Change Unhealthy Behaviors?

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Report Documentation Page		*Form Approved* *OMB No. 0704-0188*

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1. REPORT DATE **JAN 2011**	2. REPORT TYPE	3. DATES COVERED **00-00-2011 to 00-00-2011**

4. TITLE AND SUBTITLE **Can We Really Get our Patients to Change Unhealthy Behaviors?**	5a. CONTRACT NUMBER
	5b. GRANT NUMBER
	5c. PROGRAM ELEMENT NUMBER
6. AUTHOR(S)	5d. PROJECT NUMBER
	5e. TASK NUMBER
	5f. WORK UNIT NUMBER

7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) **Army Medical Command,U.S. Army Public Health Command (Provisional),5158 Blackhawk Road ,Aberdeen Proving Ground,MD,21010**	8. PERFORMING ORGANIZATION REPORT NUMBER

9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES)	10. SPONSOR/MONITOR'S ACRONYM(S)
	11. SPONSOR/MONITOR'S REPORT NUMBER(S)

12. DISTRIBUTION/AVAILABILITY STATEMENT
Approved for public release; distribution unlimited

13. SUPPLEMENTARY NOTES
presented at the 2011 Military Health System Conference, January 24-27, National Harbor, Maryland

14. ABSTRACT

15. SUBJECT TERMS

16. SECURITY CLASSIFICATION OF:			17. LIMITATION OF ABSTRACT **Same as Report (SAR)**	18. NUMBER OF PAGES **15**	19a. NAME OF RESPONSIBLE PERSON
a. REPORT **unclassified**	b. ABSTRACT **unclassified**	c. THIS PAGE **unclassified**			

Standard Form 298 (Rev. 8-98)
Prescribed by ANSI Std Z39-18

BRIEFING OUTLINE

PURPOSE: To improve knowledge base of attendees of how to achieve success for clients needing behavior change

Theories of Human Behavior:
>   **Classical & Operant Conditioning**
>   **Behavior Modification**
>   **Cognitive Behavior Therapy**
>   **Stages of Change**
>   **Motivational Interviewing**

Key Concepts to Improve Permanence of Change
>   **Just-in-time Learning**
>   **Humans Seek Attention**
>   **Collaborative Goal Setting**
>   **Reference List**

First think, then communicate.

Understand determinants of behavior

Understand motivation for behavior

Willingness to commit resources for success

Listen to client

Begin with the end in mind, then keep it in mind

Collaborative goal-setting

Follow the science – use evidence based practice

Classical Conditioning

Gustav Pavlov and his early work with canines

Theory Stimulus Response or Stimulus Stimulus
   Learn to associate new stimulus

Aversion therapy
Flooding
Systematic desensitization

A Clockwork Orange **Alex conditioned to experience extreme N/V paired with violent acts**

Operant Conditioning

BF Skinner, 1938 *Behavior of Organisms*
Edward Thorndike and John Watson expanded

Associative Learning – behavior shaped by
reinforcement or lack of it
     Basis for all behavior modification

Positive Reinforcement – strengthen behavior
Negative Reinforcement – strengthen behavior
Punishment – weaken behavior
Extinction – weaken behavior

Behavior Modification

Edward Thorndike's 1911 article *Provisional Laws of Acquired Behavior or Learning*

Joseph Wolpe's research groups in 1940s-50s
Increase adaptive behavior through reinforcement
Decrease maladaptive behaviors through extinction
or punishment

Based on principles of learning
Operant learning
Respondent learning

Define problem in terms of behavior to be measured
Alter current environment to increase functioning

Behavior Modification

Functional behavioral assessment - context
ABC approach - antecedents, behaviors, consequences

Positive Reinforcement:
        Compliments, approval, encouragement
Affirmation: 5 compliments to every 1 complaint

Extinction
Punishment:
        Time-outs, contingency management
Positive Punishments - Not recommended unless board
certified behavior analysis
        Spray bottle of water as aversive event

Cognitive Behavior Therapy

Mental Health Counseling, psychotherapy

Increase awareness of inaccurate or negative thinking
View more clearly
Respond in more effective manner

Learn coping techniques and ways to manage emotions
Resolve relationship conflicts

Manage pain, insomnia, or fatigue and some mental
   illnesses

Stages of Change

Prochaska (1980s) and DiClemente (3 deacdes)

Transtheoretical model (TTM) extensive use on <u>smokers</u>
   Change process involving progress thru stages:
   Precontemplation, contemplation, action,
maintenance, termination

Core constructs: stages of change, processes of change,
   decisional balance and self-efficacy

Weigh pros and cons associated with consequences
Progression requires decisional balance and confidence

Motivational Interviewing

Latest in evolution for assessing and assisting patients for meaningful behavior change

Dr William R. Miller (1983) and Dr. Stephen Rollnick, pioneer work with **problem drinkers**

Client-centered, directed method for facilitating change Helps explore and work through ambivalence

Avoid direct persuasion, use quiet eliciting style

Readiness to change not client trait, but fluctuating product of interpersonal interaction

Therapeutic relationship companionship/partnership

Key Concepts to Improve Permanence
of Change: Just-in-Time Learning

Avoid information overload

Overview ok, save lengthy discussions for targeted interventions

Pair reinforcement at most effective moments
  Patient appointment reminder systems effective
  Significant events opportune time for intervention
  ARFORGEN cycle presents opportunities

Key Concepts to Improve Permanence of Change: Humans Seek Attention

Use power of attention to improve outcome
Clinician attention and praise powerful reinforcer

Design programs to provide reinforcement

Listen to client to select best methods, appropriate timing

Build in human reinforcement where ever possible

Celebrate success, acknowledge the struggle

Reference List

Key references, landmark studies

References include key targeted
disease/illness/behaviors

First learn well the evidence base, next the skill

Partner with those who achieve success

Commit to success = commit to resources

To answer the question, Can we really get our patients to change unhealthy behaviors?

By applying evidence based practice, and following the science, with sufficient resources, we can get our patients to change unhealthy behaviors!